name.

## **DECLARATION AND POWER OF ATTORNEY**

(Original Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## GENERATION OF DIAGNOSTIC TOOLS TO ASSAY THE HUMAN LHX3/P-LIM/LIM-3 FACTOR

the specification of which is attached hereto and/or was filed on as
Application No
I hereby state that I have reviewed and understand the contents of the above-
identified specification, including the claims, as amended by any amendment referred to herein
I acknowledge the duty to disclose information which is material to patentabilit
in accordance with Title 37, Code of Federal Regulations, Section 1.56.
I hereby claim foreign priority hand to well as It is a great and

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

## **FOREIGN PRIORITY APPLICATION(S)**

PCT/US (Number)	600/04424 US (Country)	February 22, 2000 (Day/month/year filed)	Priority Claimed [X] Yes [ ] No
(Number)	(Country)	(Day/month/year filed)	[] Yes [] No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional patent application(s) listed below and have also identified below any



United States provisional patent application(s) having a filing date before that of the application on which priority is claimed:

## PROVISIONAL PRIORITY PATENT APPLICATION(S)

60/121,110 (Application No.)	February 22, 1999 (Filing Date)	Priority Claimed [x] Yes [] No
		Priority Claimed [] Yes [] No
(Application No.)	(Filing Date)	[] [65[] [10
And I hereby appoint	t the registered attorneys and agents a	ssociated with
MORGAN, LEWIS & BOCKIUS	, L.L.P., Customer No. 028977, as n	ny attorneys or agents
with full power of substitution and r	revocation, to prosecute this application	on and to transact all
business in the Patent and Trademar	k Office connected therewith.	
Address all correspon	ndence to Customer No. 028977, nam	mely, MORGAN,
LEWIS & BCKIUS, L.L.P., 1701	Market Street, Philadelphia, Pennsylv	vania 19103. Please
direct all communications and telepl	hone calls to Kathryn Doyle, Ph.D., J	.D. at (215) 963-4723.
I hereby declare that	all statements made herein of my own	n knowledge are true
and that all statements made on info	rmation and belief are believed to be	true; and further that
these statements were made with the	e knowledge that willful false stateme	ents and the like so
made are punishable by fine or impr	risonment, or both, under Section 100	1 of Title 18 of the
United States Code and that such wi	llful false statements may jeopardize	the validity of the
application or any patent issuing the	reon.	
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